

HUSBAND <i>Robert A JACOBSEN</i>										Husband <i>Robert A</i>		<i>JACOBSEN</i>					
Born _____ Place _____										Wife <i>Marilyn</i>		<i>DEAN</i>					
Chr. _____ Place _____										Ward		NAME & ADDRESS OF PERSON SUBMITTING SHEET					
Marr. _____ Place _____										Examiners: 1. _____							
Died _____ Place _____										2. _____							
Bur. _____ Place _____										Stake or Mission							
HUSBAND'S FATHER <i>Elmo A JACOBSEN</i>										HUSBAND'S MOTHER <i>Phyllis</i>							
HUSBAND'S OTHER WIVES _____												RELATION OF ABOVE TO HUSBAND					
												RELATION OF ABOVE TO WIFE					
WIFE <i>Marilyn DEAN</i>												FOUR GENERATION SHEETS FOR FILING ONLY					
Born _____ Place _____												YES <input type="checkbox"/> NO <input type="checkbox"/>					
Chr. _____ Place _____												DATE SUBMITTED TO GENEALOGICAL SOCIETY					
Died _____ Place _____																	
Bur. _____ Place _____																	
WIFE'S FATHER _____										WIFE'S MOTHER _____		LDS ORDINANCE DATA					
WIFE'S OTHER HUSBANDS _____												BAPTIZED (Date)					
												ENDOWED (Date)					
												SEALED (Date and Temple) WIFE TO HUSBAND					
SEX	CHILDREN		WHEN BORN			WHERE BORN			DATE OF FIRST MARRIAGE	WHEN DIED			WIFE		SEALED (Date and Temple) CHILDREN TO PARENTS		
M F	List each child (whether living or dead) in order of birth Given Names SURNAME		DAY	MONTH	YEAR	TOWN	COUNTY	STATE OR COUNTRY	TO WHOM	DAY	MONTH	YEAR					
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
SOURCES OF INFORMATION										OTHER MARRIAGES				NECESSARY EXPLANATIONS			